STATE-APPROVED DISTRICT SIC TRAINING CHECKLIST

_____Training is conducted by the SIC District Contact, who has received prior
training through the SC-SIC state office.

_____Training must include the following components:
   a. SIC legislative background;
   b. The five major SIC responsibilities;
   c. Emphasis on crafting the *Report to the Parents;*
   d. Information on achieving the appropriate elected/appointed membership
      ratio, including pointers for nomination/election of parents, teachers, and
      (in high schools) students, and appointment of community members;
   e. Information on reporting local SIC membership information to the online
      SC-SIC Member Network;
   f. Sample calendar and agenda for SIC meetings.

_____Agenda that confirms components listed above.

_____Roster of training attendees (listing names, schools represented, and
designation as parent, teacher, student, community member, administrator,
or other).

NOTE: This checklist must be submitted to the SC-SIC state office within one
week of the training date. To receive credit for training, each school must have a
MINIMUM of one school staff member **and** a MINIMUM of one parent, one student
(if applicable) or one community member in attendance.

_____   _____
Name of District   **Telephone Number**

_____   _____
District Contact Signature   **Superintendent Signature**

_____   _____
District Contact Printed Name   **Superintendent Printed Name**

_____   _____
Date   **Date**